JAN 1 2 2004 3

Docket No: 239637US8

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

IN RE APPLICATION OF

Thomas NILSSON, et al.

: EXAMINER:

SERIAL NO: 10/603,818

FILED: 10/603,818

: GROUP ART UNIT: 1616

FOR: COMBINED DOSES

FILING OF SUPPLEMENTAL APPLICATION DATA SHEET

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

SIR:

Applicant(s) submit herewith a Supplemental Application Data Sheet for the purpose of providing complete information for the 2nd, 3rd and 4th inventors.

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.

Bradley D. Lytle Attorney of Record Registration No. 40,073

Customer Number

22850

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APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: 10/603,818
Application Date:: 06/26/03
Application Type:: REGULAR
Subject Matter:: UTILITY

CD-ROM or CD-R?:: NONE

Title:: COMBINED DOSES

Attorney Docket Number:: 239637US0

Total Drawing Sheets:: 10

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR

Status:: FULL CAPACITY

Given Name:: Thomas

Family Name:: NILSSON

Street of Mailing Address:: Hagavagen 3

City of Mailing Address:: Mariefred

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing Address:: SE-647 32

Applicant Authority Type:: <u>INVENTOR</u>

Primary Citizenship Country:: Sweden

Status:: FULL CAPACITY

Given Name:: <u>Mattias</u>
Family Name:: <u>MYRMAN</u>

City of Residence::

Country of Residence::

Stockholm

Sweden

Street of Mailing Address:: <u>Drotningholmsvagen 8</u>

City of Mailing Address:: Stockholm

Country of Mailing Address:: Stockholm
Sweden

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Family Name::

City of Residence:: Country of Residence::

Street of Mailing Address:: City of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Family Name::

City of Residence:: Country of Residence::

Street of Mailing Address::

City of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

CORRESPONDENCE INFORMATION

Correspondence Customer Number::

REPRESENTATIVE INFORMATION

Representative Customer Number::

FOREIGN PRIORITY INFORMATION

Sweden

ASSIGNMENT INFORMATION

Application Number: Country::

Assignee Name:: Street of Mailing Address::

0301816-5

INVENTOR

Sweden

FULL CAPACITY

Claes

FRIBERG

Akers Styckebruk

Sweden

Riavagen 16

Akers Styckebruk

Sweden

SE-640 60

<u>INVENTOR</u>

Sweden

FULL CAPACITY

Sven

CALANDER

Strangnas

Sweden

Dalangsgatan 4

Strangnas

Sweden

SE-645 32

22850

Filing Date::

22850

Priority Claimed:: 06/19/03 YES

Microdrug AG Landweg 1

Page 2

Supplemental 10/603,818 06/26/03 01/12/04

City of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Hergiswil NW

Switzerland

CH-6052